

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **101759857**
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		2		2		
4		1		1		
5		1		1		
6		2		2		
7		2		2		
8		2		2		
9		4		4		
10		4		4		
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		2		2		
21		2		2		
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TOTAL IND.	2		2			
TOTAL DEP.	39		39			
TOTAL CLAIMS	41		41			

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